## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
CROWELL &	MORING PAC	
ADDRESS (number and	1001 PENNSYLVANIA AVENUE NW	
(Check if address is changed)	11TH,FLOOR,	
	WASHINGTON	DC 20004 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	kwilliams@crowell.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 1.1	18 2009	1
3. FEC IDENTIFICA	TION NUMBER C C00199869	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Type or Print Name of	Treasurer Karen Williams	
Signature of Treasurer	Electronically Filed by Karen Williams	Date 11 1 1 1 8 7 2 0 0 9
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State	,
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	